

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Sheila**

First name

**M**

Middle name

**Haas**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-7933**

Debtor 1 Sheila M Haas

Case number (if known)

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

I have not used any business name or EINs.

**FDBA Aunt Sheila's Daycare**

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**1085 N. 5th Street  
Savanna, IL 61074**

Number, Street, City, State & ZIP Code

**Carroll**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13
- 
8. How you will pay the fee  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. Have you filed for bankruptcy within the last 8 years?  No.  Yes.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
- 
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  No  Yes.
- |                |                           |                             |
|----------------|---------------------------|-----------------------------|
| Debtor _____   | Relationship to you _____ |                             |
| District _____ | When _____                | Case number, if known _____ |
| Debtor _____   | Relationship to you _____ |                             |
| District _____ | When _____                | Case number, if known _____ |
- 
11. Do you rent your residence?  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 **Sheila M Haas**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>16. What kind of debts do you have?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>16a.</b> <b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”<br><input type="checkbox"/> No. Go to line 16b.<br><input checked="" type="checkbox"/> Yes. Go to line 17. | <b>16b.</b> <b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.<br><input type="checkbox"/> No. Go to line 16c.<br><input type="checkbox"/> Yes. Go to line 17. | <b>16c.</b> State the type of debts you owe that are not consumer debts or business debts<br><br><hr/> |
| <b>17. Are you filing under Chapter 7?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| <input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| <b>18. How many Creditors do you estimate that you owe?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| <input type="checkbox"/> 1-49 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 25,001-50,000<br><input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 50,001-100,000<br><input type="checkbox"/> 100-199 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> More than 100,000                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| <b>19. How much do you estimate your assets to be worth?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| <input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$100,000,001 - \$500 million <input type="checkbox"/> More than \$50 billion |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| <b>20. How much do you estimate your liabilities to be?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$100,000,001 - \$500 million <input type="checkbox"/> More than \$50 billion |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |                                                                                                        |

**Part 7: Sign Below**

**For you** I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Sheila M Haas**

**Sheila M Haas**

Signature of Debtor 1

Signature of Debtor 2

Executed on April 7, 2017

MM / DD / YYYY

Executed on

MM / DD / YYYY

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

/s/ Gary C. Flanders

Signature of Attorney for Debtor

Date

**April 7, 2017**

MM / DD / YYYY

**Gary C. Flanders**

Printed name

**Bankruptcy Clinic**

Firm name

**1 Court Place  
Rockford, IL 61101**

Number, Street, City, State & ZIP Code

Contact phone

**815-962-7084**

Email address

**6180219**

Bar number & State

Fill in this information to identify your case:

|                                         |                      |                               |           |
|-----------------------------------------|----------------------|-------------------------------|-----------|
| Debtor 1                                | <b>Sheila M Haas</b> |                               |           |
|                                         | First Name           | Middle Name                   | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name           | Middle Name                   | Last Name |
| United States Bankruptcy Court for the: |                      | NORTHERN DISTRICT OF ILLINOIS |           |
| Case number<br>(if known)               |                      |                               |           |

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

|     |                                                               | <b>Your assets</b><br>Value of what you own |
|-----|---------------------------------------------------------------|---------------------------------------------|
| 1.  | <b>Schedule A/B: Property</b> (Official Form 106A/B)          | \$ <b>0.00</b>                              |
| 1a. | Copy line 55, Total real estate, from Schedule A/B.....       | \$ <b>0.00</b>                              |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ <b>4,635.00</b>                          |
| 1c. | Copy line 63, Total of all property on Schedule A/B.....      | \$ <b>4,635.00</b>                          |

#### Part 2: Summarize Your Liabilities

|     |                                                                                                                                   | <b>Your liabilities</b><br>Amount you owe          |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 2.  | <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)                                             | \$ <b>0.00</b>                                     |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ <b>0.00</b>                                     |
| 3.  | <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)                                                   | \$ <b>0.00</b>                                     |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....                           | \$ <b>0.00</b>                                     |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....                        | \$ <b>217,474.00</b>                               |
|     |                                                                                                                                   | <b>Your total liabilities</b> \$ <b>217,474.00</b> |

#### Part 3: Summarize Your Income and Expenses

|    |                                                                           |                    |
|----|---------------------------------------------------------------------------|--------------------|
| 4. | <b>Schedule I: Your Income</b> (Official Form 106I)                       | \$ <b>1,318.00</b> |
|    | Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | \$ <b>1,318.00</b> |

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Sheila M Haas

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

|    |                 |
|----|-----------------|
| \$ | <u>1,472.00</u> |
|----|-----------------|

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total claim           |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$ <u>0.00</u>        |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$ <u>0.00</u>        |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$ <u>0.00</u>        |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$ <u>0.00</u>        |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u>        |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | \$ <u>0.00</u>        |
| <b>9g. Total.</b> Add lines 9a through 9f.                                                                                   | <b>\$ <u>0.00</u></b> |

Fill in this information to identify your case and this filing:

|                                                                              |                      |             |                                                             |
|------------------------------------------------------------------------------|----------------------|-------------|-------------------------------------------------------------|
| Debtor 1                                                                     | <b>Sheila M Haas</b> |             |                                                             |
|                                                                              | First Name           | Middle Name | Last Name                                                   |
| Debtor 2<br>(Spouse, if filing)                                              | First Name           | Middle Name | Last Name                                                   |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> |                      |             |                                                             |
| Case number                                                                  |                      |             | <input type="checkbox"/> Check if this is an amended filing |

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

|                      |                             |
|----------------------|-----------------------------|
| 3.1 Make:            | <b>Chrysler</b>             |
| Model:               | <b>Pacifica</b>             |
| Year:                | <b>2005</b>                 |
| Approximate mileage: | <b>200,000</b>              |
| Other information:   | <b>dealer value \$2,800</b> |

##### Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

**\$2,000.00      \$2,000.00**

##### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
- Yes

##### 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$2,000.00**

#### Part 3: Describe Your Personal and Household Items

##### Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

##### 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No

Debtor 1

**Sheila M Haas** Yes. Describe.....

|                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3 beds, table, 4 dressers, loveseat, 2 bookcases, 3 chairs, hutch, desk, microwave oven, etc. with estimated retail value of \$1,600</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------|

\$800.00

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| <b>3 TVs, VCR, DVD player, computer and printer, DVDs, video tapes, with estimated retail value of \$1,700</b> |
|----------------------------------------------------------------------------------------------------------------|

\$850.00

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....

|                                                      |
|------------------------------------------------------|
| <b>bicycle, with estimated retail value of \$100</b> |
|------------------------------------------------------|

\$50.00

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

|                                                                |
|----------------------------------------------------------------|
| <b>Debtor's clothing, with estimated retail value of \$700</b> |
|----------------------------------------------------------------|

\$300.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

|                                                      |
|------------------------------------------------------|
| <b>jewelry, with estimated retail value of \$150</b> |
|------------------------------------------------------|

\$75.00

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

 No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

|                                                         |
|---------------------------------------------------------|
| <b>cell phone, with estimated retail value of \$300</b> |
|---------------------------------------------------------|

\$150.00

Debtor 1

Sheila M Haas

hand and power tools, with estimated retail value of \$400

\$200.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$2,425.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**Cash on hand**

\$210.00

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Debtor 1

**Sheila M Haas** No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**worker's compensation claim****Unknown**

Debtor 1

**Sheila M Haas****35. Any financial assets you did not already list**

- No  
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$210.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8: List the Totals of Each Part of this Form**

|                                                                  |                              |
|------------------------------------------------------------------|------------------------------|
| 55. Part 1: Total real estate, line 2 .....                      | \$0.00                       |
| 56. Part 2: Total vehicles, line 5                               | \$2,000.00                   |
| 57. Part 3: Total personal and household items, line 15          | \$2,425.00                   |
| 58. Part 4: Total financial assets, line 36                      | \$210.00                     |
| 59. Part 5: Total business-related property, line 45             | \$0.00                       |
| 60. Part 6: Total farm- and fishing-related property, line 52    | \$0.00                       |
| 61. Part 7: Total other property not listed, line 54             | \$0.00                       |
| 62. Total personal property. Add lines 56 through 61...          | \$4,635.00                   |
|                                                                  | Copy personal property total |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | \$4,635.00                   |

Fill in this information to identify your case:

|                                         |                      |                               |           |
|-----------------------------------------|----------------------|-------------------------------|-----------|
| Debtor 1                                | <b>Sheila M Haas</b> |                               |           |
|                                         | First Name           | Middle Name                   | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name           | Middle Name                   | Last Name |
| United States Bankruptcy Court for the: |                      | NORTHERN DISTRICT OF ILLINOIS |           |
| Case number<br>(if known)               |                      |                               |           |

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.**

| Brief description of the property and line on Schedule A/B that lists this property                                                                                 | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br><i>Check only one box for each exemption.</i>                                                         | Specific laws that allow exemption |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 2005 Chrysler Pacifica 200,000 miles<br>dealer value \$2,800<br>Line from Schedule A/B: 3.1                                                                         | \$2,000.00                                                               | <input checked="" type="checkbox"/> \$2,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c)              |
| 3 beds, table, 4 dressers, loveseat, 2 bookcases, 3 chairs, hutch, desk, microwave oven, etc. with estimated retail value of \$1,600<br>Line from Schedule A/B: 6.1 | \$800.00                                                                 | <input checked="" type="checkbox"/> \$800.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| 3 TVs, VCR, DVD player, computer and printer, DVDs, video tapes, with estimated retail value of \$1,700<br>Line from Schedule A/B: 7.1                              | \$850.00                                                                 | <input checked="" type="checkbox"/> \$850.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| bicycle, with estimated retail value of \$100<br>Line from Schedule A/B: 9.1                                                                                        | \$50.00                                                                  | <input checked="" type="checkbox"/> \$50.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |
| Debtor's clothing, with estimated retail value of \$700<br>Line from Schedule A/B: 11.1                                                                             | \$300.00                                                                 | <input checked="" type="checkbox"/> \$300.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(a)              |

Debtor 1 Sheila M Haas

| Brief description of the property and line on<br><i>Schedule A/B</i> that lists this property                 | Current value of the<br>portion you own | Amount of the exemption you claim                                                                                                           | Specific laws that allow exemption |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>jewelry, with estimated retail value of<br/>\$150</b><br>Line from <i>Schedule A/B</i> : 12.1              | \$75.00                                 | <input checked="" type="checkbox"/> \$75.00<br><input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| <b>cell phone, with estimated retail<br/>value of \$300</b><br>Line from <i>Schedule A/B</i> : 14.1           | \$150.00                                | <input checked="" type="checkbox"/> \$150.00<br><input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| <b>hand and power tools, with<br/>estimated retail value of \$400</b><br>Line from <i>Schedule A/B</i> : 14.2 | \$200.00                                | <input checked="" type="checkbox"/> \$200.00<br><input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| <b>Cash on hand</b><br>Line from <i>Schedule A/B</i> : 16.1                                                   | \$210.00                                | <input checked="" type="checkbox"/> \$210.00<br><input type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| <b>worker's compensation claim</b><br>Line from <i>Schedule A/B</i> : 34.1                                    | Unknown                                 | <input type="checkbox"/> _____<br><input checked="" type="checkbox"/> 100% of fair market value, up to<br>any applicable statutory limit    | 820 ILCS 305/21                    |

## 3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

|                                         |                               |             |           |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1                                | <b>Sheila M Haas</b>          |             |           |
|                                         | First Name                    | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                    | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |             |           |
| Case number<br>(if known)               |                               |             |           |

Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

Fill in this information to identify your case:

|                                                                              |                      |             |           |
|------------------------------------------------------------------------------|----------------------|-------------|-----------|
| Debtor 1                                                                     | <b>Sheila M Haas</b> |             |           |
|                                                                              | First Name           | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)                                              | First Name           | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> |                      |             |           |
| Case number<br>(if known) _____                                              |                      |             |           |

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|     |                                                                                                                                                                                                                                                                                                                                                                                                             | Total claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 4.1 | <b>Advanced Radiology</b><br>Nonpriority Creditor's Name<br><b>615 Valley Drive Suite 202</b><br><b>Moline, IL 61265-6180</b><br>Number Street City State Zip Code<br>Who incurred the debt? Check one.                                                                                                                                                                                                     | Last 4 digits of account number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>\$100.00</b> |
|     |                                                                                                                                                                                                                                                                                                                                                                                                             | When was the debt incurred? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |
|     |                                                                                                                                                                                                                                                                                                                                                                                                             | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |
|     | <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>medical</u> |                 |

Debtor 1 Sheila M Haas

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4.2</b> | <p><b>ATI &amp; ATI Womens Health Services</b><br/>           Nonpriority Creditor's Name<br/> <b>2940 Rolling Ridge Road #100</b><br/> <b>Naperville, IL 60564</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ <b>\$90.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical</b> _____</p>    |
| <b>4.3</b> | <p><b>Center for Pain Management</b><br/>           Nonpriority Creditor's Name<br/> <b>1012 W. 95th Street</b><br/> <b>Naperville, IL 60564</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>                    | <p>Last 4 digits of account number _____ <b>\$3,345.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical</b> _____</p> |
| <b>4.4</b> | <p><b>Center fro Sleep Medicine and Advanced H</b><br/>           Nonpriority Creditor's Name<br/> <b>9721 W. 165th Street</b><br/> <b>Orland Park, IL 60467</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>    | <p>Last 4 digits of account number _____ <b>\$250.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>medical</b> _____</p>   |

Debtor 1 Sheila M Haas

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>4.5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>CGH Hospital</b><br/>Nonpriority Creditor's Name<br/><b>c/o RRCA</b><br/><b>201 E. 3rd Street</b><br/><b>Sterling, IL 61081</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>medical</u></p> | <b>\$3,000.00</b>                                                                                           |
| <p><b>Check Into Cash</b><br/>Nonpriority Creditor's Name<br/><b>201 Keith Street</b><br/><b>Cleveland, TN 37311</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>loan</u></p>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Last 4 digits of account number</b> _____ <b>\$3,500.00</b><br><b>When was the debt incurred?</b> _____  |
| <p><b>Citizens Finance</b><br/>Nonpriority Creditor's Name<br/><b>7911 W. 171st Street</b><br/><b>Tinley Park, IL 60477</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>deficiency from repossession of vehicle</u></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Last 4 digits of account number</b> _____ <b>\$12,200.00</b><br><b>When was the debt incurred?</b> _____ |

Debtor 1 Sheila M Haas

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>4.8</b></p> <p><b>Citizens Finance</b><br/>Nonpriority Creditor's Name<br/><b>c/o Roguemore</b><br/><b>P.O. Box 743608</b><br/><b>Dallas, TX 75374</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>notice only</b></p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ <b>\$0.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> |
| <hr/> <p><b>4.9</b></p> <p><b>City of Naperville</b><br/>Nonpriority Creditor's Name<br/><b>400 S. Eagle Street</b><br/><b>Naperville, IL 60564</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>utilities</b></p> <p><input type="checkbox"/> Yes</p>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>Last 4 digits of account number _____ <b>\$370.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <hr/> <p><b>4.1</b></p> <p><b>City of Savanna</b><br/>Nonpriority Creditor's Name<br/><b>333 Chicago Ave.</b><br/><b>Savanna, IL 61074</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>utilities</b></p> <p><input type="checkbox"/> Yes</p>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>Last 4 digits of account number _____ <b>\$500.00</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Debtor 1 Sheila M Haas

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Case number (if known)

4.1  
1**Computer Dynamics**

Nonpriority Creditor's Name

**451 W. South Street  
Freeport, IL 61032**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

\$200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **credit purchases**

4.1  
2**Direct TV**

Nonpriority Creditor's Name

**Customer Service  
P.O. Box 6550  
Greenwood Village, CO 80195**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **tv service**

4.1  
3**Discover Card**

Nonpriority Creditor's Name

**P.O. Box 30943  
Salt Lake City, UT 84130-0943**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **notice only**

Debtor 1 **Sheila M Haas**

Document

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Case number (if known)

4.1  
4**Discover Financial Services**

Nonpriority Creditor's Name

**P.O. Box 3025****New Albany, OH 43054-3025**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number

\$1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **credit purchases**

4.1  
5**Dr. Gould DDS**

Nonpriority Creditor's Name

**430 W. Stephenson Street  
Freeport, IL 61032**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number

\$325.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical**

4.1  
6**Dr. Claire Sutton**

Nonpriority Creditor's Name

**Platinum Family Medicine  
1012 95th Street Suite 9  
Naperville, IL 60565**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
- No
- Yes

Last 4 digits of account number

\$1,500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical**

Debtor 1 Sheila M Haas

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Case number (if known)

4.1  
7**Dr. Mendel Orthopaedic Spec.**

Nonpriority Creditor's Name

**3385 Dexter Court Suite 300  
Davenport, IA 52807-3471**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$20.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

4.1  
8**Dupage Valley Anesthesiologist**

Nonpriority Creditor's Name

**185 Penny Ave.  
Dundee, IL 60118**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$12.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

4.1  
9**Edward Hospital & Clinic**

Nonpriority Creditor's Name

**501 S. Wahsington Street  
Naperville, IL 60540**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$12,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

Debtor 1 Sheila M Haas

4.2  
0**Edward Hospital & Clinic**

Nonpriority Creditor's Name

**c/o Merchants Credit Guide  
223 W. Jackson Blvd. Ste 700  
Chicago, IL 60606**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**
- No       Other. Specify notice only  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

4.2  
1**Edwards Hospital & Clinic**

Nonpriority Creditor's Name

**c/o RCS  
P.O. Box 7229  
Westchester, IL 60154**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**
- No       Other. Specify medical  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$1,000.00

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

4.2  
2**Farmer/Bristol West**

Nonpriority Creditor's Name

**P.O. Box 371329  
Pittsburgh, PA 15250-7329**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**
- No       Other. Specify insurance premiums  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$3,400.00

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify insurance premiums

Debtor 1 Sheila M Haas

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Case number (if known)

4.2  
3**FHN**

Nonpriority Creditor's Name

**P.O. Box 268****Freeport, IL 61032**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$2,250.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

4.2  
4**FHN**

Nonpriority Creditor's Name

**c/o Alltran Health, Inc.****P.O. Box 519****Sauk Rapids, MN 56379-0519**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **notice only** \_\_\_\_\_

4.2  
5**FHN**

Nonpriority Creditor's Name

**1045 W. Stephenson Street****Freeport, IL 61032**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$125.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

Debtor 1 Sheila M Haas

4.2  
6**FHN**

Nonpriority Creditor's Name

**c/o JC Christensen & Assoc.  
P.O. Box 519  
Sauk Rapids, MN 56379**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **notice only**

4.2  
7**Greg Tuite & Assoc.**

Nonpriority Creditor's Name

**119 N. Church Street #407  
Rockford, IL 61101**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number

**Unknown**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **legal services**

4.2  
8**Hinsdale Orthopaedic**

Nonpriority Creditor's Name

**P.O. Box 914  
La Grange, IL 60525-0914**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number

**\$3,400.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical**

Debtor 1 Sheila M Haas

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Case number (if known)

4.2  
9**Illinois Tollway**

Nonpriority Creditor's Name

**P.O. Box 5544  
Chicago, IL 60680-5544**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$2,200.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **tolls** \_\_\_\_\_

4.3  
0**Illinois Tollway**

Nonpriority Creditor's Name

**c/o Arnold Scott HaRRIS  
111 W. Jackson Blvd. Suite 600  
Madison, WI**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **notice only** \_\_\_\_\_

4.3  
1**Illinois Tollway**

Nonpriority Creditor's Name

**c/o Transworld Systems  
P.O. Box 17213  
Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **notice only** \_\_\_\_\_

Debtor 1 Sheila M Haas

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Case number (if known)

4.3  
2**Illinois Tolway**

Nonpriority Creditor's Name

**2700 Ogden Ave.****Downers Grove, IL 60515**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$400.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **tolls** \_\_\_\_\_

4.3  
3**Illinois Tolway**

Nonpriority Creditor's Name

**c/o NCO****P.O. Box 15618****Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**Unknown**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **tolls** \_\_\_\_\_

4.3  
4**Jo Carroll Electric**

Nonpriority Creditor's Name

**P.O. Box 390****Elizabeth, IL 61028**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$550.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **utilities** \_\_\_\_\_

Debtor 1 Sheila M Haas

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Case number (if known)

4.3  
5**JP Morgan Chase Bank**

Nonpriority Creditor's Name  
**c/o MRS**  
**1930 Olney Ave.**  
**Cherry Hill, NJ 08003**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$2,150.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **credit purchases**

4.3  
6**Kohls**

Nonpriority Creditor's Name  
**c/o Credit Collection SErvices**  
**P.O. Box 55126**  
**Boston, MA 02205-5126**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **credit purchases**

4.3  
7**KSB Hospital**

Nonpriority Creditor's Name  
**403 E. 1st Street**  
**Dixon, IL 61021**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$6,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical**

Debtor 1 Sheila M Haas

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Case number (if known)

4.3  
8**KSB Hospital**

Nonpriority Creditor's Name

**P.O. Box 590****Dixon, IL 61021-0590**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **notice only** \_\_\_\_\_

4.3  
9**Loeschers**

Nonpriority Creditor's Name

**1860 WS. Walnut Road****Freeport, IL 61032**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$3,150.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **credit purchases** \_\_\_\_\_

4.4  
0**Mark McKee & Associates Psychiatry**

Nonpriority Creditor's Name

**1020 E. Ogden Ave. #312****Naperville, IL 60563**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,800.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

Debtor 1 Sheila M Haas

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Case number (if known)

4.4  
1**Mark Patterson Chiropractic**

Nonpriority Creditor's Name

**2879 95th Street Suite 187****Naperville, IL 60564**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$7,500.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

4.4  
2**Mercy Medical Center**

Nonpriority Creditor's Name

**1410 N. 4th Street****Clinton, IA 52732**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$700.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

4.4  
3**Mercy Medical Center**

Nonpriority Creditor's Name

**P.O. 677915****Dallas, TX 75267**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify notice only

Debtor 1 Sheila M Haas

4.4  
4**Metro MRI Center**

Nonpriority Creditor's Name

**615 Valley View Drive #102  
Moline, IL 61265**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$700.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

4.4  
5**Midwest Center for Advanced Imaging**

Nonpriority Creditor's Name

**4355 Montgomery Road  
Naperville, IL 60564**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$690.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

4.4  
6**Midwest Center for Advanced Imaging**

Nonpriority Creditor's Name

**c/o Berks Credit & Collection  
P.O. Box 329  
Temple, PA 19560**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **notice only** \_\_\_\_\_

Debtor 1 Sheila M Haas

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Case number (if known)

4.4  
7**Monroe Clinmic**

Nonpriority Creditor's Name

**2009 5th Street****Monroe, WI 53566**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$350.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

4.4  
8**Naperville Radiologists**

Nonpriority Creditor's Name

**801 S. Washington Street****Naperville, IL 60540**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$12.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

4.4  
9**OptometricCenter PC**

Nonpriority Creditor's Name

**413 Main Street****Savanna, IL 61074**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$600.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

Debtor 1 Sheila M Haas

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Case number (if known)

4.5  
0**Pain and Spine Institute**

Nonpriority Creditor's Name

**744 Essington Road****Joliet, IL 60435**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$34,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

4.5  
1**Peter Corti Law Group**

Nonpriority Creditor's Name

**180 N. LaSalle Street Suite 2910****Chicago, IL 60601**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

Unknown

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify legal services

4.5  
2**Progressive**

Nonpriority Creditor's Name

**P.O. Box 5300****Binghamton, NY 13902-9953**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$250.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify insurance premiums

Debtor 1 Sheila M Haas

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Case number (if known)

4.5  
3**Riverside Dental/Bares**

Nonpriority Creditor's Name

**401 Maim Street****Savanna, IL 61074**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$2,500.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **dental services** \_\_\_\_\_

4.5  
4**Riverside Dental/Bares**

Nonpriority Creditor's Name

**c/o Dergo Law PLLC****2200 52nd Ave****Moline, IL 61265**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **notice only** \_\_\_\_\_

4.5  
5**Rock Valley PT**

Nonpriority Creditor's Name

**931 13th Ave. N Ste B****Clinton, IA 52732-5070**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$25,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

Debtor 1 Sheila M Haas

Document Page 37 of 73 Case number (if known)

4.5  
6**Rock Valley PT**

Nonpriority Creditor's Name

**850 43rd Ave. Suite 100****Moline, IL 61265**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify notice only

4.5  
7**Roger & Janelle Haas**

Nonpriority Creditor's Name

**13470 Zion Road****Elizabeth, IL 61028**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$34,700.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify loan

4.5  
8**Savanna Thomson State Bank**

Nonpriority Creditor's Name

**703 S. East Street****P.O. Box 153****Mount Carroll, IL 61053**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$160.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify bank charges

Debtor 1 Sheila M Haas

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Case number (if known)

4.5  
9**State Farm**

Nonpriority Creditor's Name

**P.O. Box 44110  
Jacksonville, FL 32231-4110**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$680.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **insurance premiums** \_\_\_\_\_

4.6  
0**T Mobile**

Nonpriority Creditor's Name

**c/o MCM  
8875 Aero Drive Suite 200  
San Diego, CA 92123**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$1,040.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **telephone** \_\_\_\_\_

4.6  
1**The Center for Surgery**

Nonpriority Creditor's Name

**475 E. Diehl Road  
Naperville, IL 60563-3278**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$41,330.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **medical** \_\_\_\_\_

Debtor 1 Sheila M Haas

Document Page 39 of 73

Case number (if known)

4.6  
2**US Cellular**

Nonpriority Creditor's Name

**Dept. 0205  
Palatine, IL 60055**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$625.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify telephone

4.6  
3**US Cellular**

Nonpriority Creditor's Name

**c/o Diversified Adj. Service  
P.O. Box 32145  
Minneapolis, MN 55432**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify notice only

4.6  
4**Whiteside County Health**

Nonpriority Creditor's Name

**1300 W. 2nds Street  
Rock Falls, IL 61071-1005**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed  
**Type of NONPRIORITY unsecured claim:**  
 Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify notice only

Debtor 1 Sheila M Haas

4.6  
5**Whitside County Health Department**

Nonpriority Creditor's Name

**18929 Lincoln Road****Morrison, IL 61270-9500**

Number Street City State Zip Code

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number \_\_\_\_\_

**\$800.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed**Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **medical** \_\_\_\_\_**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |                                                                                                             | <b>Total Claim</b> |                      |
|--------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------|
| Total claims from Part 1 | 6a. Domestic support obligations                                                                            | 6a.                | \$ <b>0.00</b>       |
|                          | 6b. Taxes and certain other debts you owe the government                                                    | 6b.                | \$ <b>0.00</b>       |
|                          | 6c. Claims for death or personal injury while you were intoxicated                                          | 6c.                | \$ <b>0.00</b>       |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.                | \$ <b>0.00</b>       |
|                          | 6e. Total Priority. Add lines 6a through 6d.                                                                | 6e.                | \$ <b>0.00</b>       |
| Total claims from Part 2 | 6f. Student loans                                                                                           | 6f.                | \$ <b>0.00</b>       |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.                | \$ <b>0.00</b>       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.                | \$ <b>0.00</b>       |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i.                | \$ <b>217,474.00</b> |
|                          | 6j. Total Nonpriority. Add lines 6f through 6i.                                                             | 6j.                | \$ <b>217,474.00</b> |

Fill in this information to identify your case:

|                                         |                               |             |           |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1                                | <b>Sheila M Haas</b>          |             |           |
|                                         | First Name                    | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                    | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |             |           |
| Case number<br>(if known)               |                               |             |           |

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code |      |               | State what the contract or lease is for |
|--------------------------------------------------------------------------------------------------------------|------|---------------|-----------------------------------------|
| 2.1                                                                                                          | Name | Number Street | City State ZIP Code                     |
|                                                                                                              |      |               |                                         |
| 2.2                                                                                                          | Name | Number Street | City State ZIP Code                     |
|                                                                                                              |      |               |                                         |
| 2.3                                                                                                          | Name | Number Street | City State ZIP Code                     |
|                                                                                                              |      |               |                                         |
| 2.4                                                                                                          | Name | Number Street | City State ZIP Code                     |
|                                                                                                              |      |               |                                         |
| 2.5                                                                                                          | Name | Number Street | City State ZIP Code                     |
|                                                                                                              |      |               |                                         |

Fill in this information to identify your case:

|                                         |                               |             |           |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1                                | <b>Sheila M Haas</b>          |             |           |
|                                         | First Name                    | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                    | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |             |           |
| Case number<br>(if known)               |                               |             |           |

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1 **Alicia Haas**  
unknown

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G \_\_\_\_\_  
**Savanna Thompson State Bank**

3.2 **David Haas**  
13444 Zion Road  
Elizabeth, IL 61028

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.13  
 Schedule G \_\_\_\_\_  
**Discover Card**

3.3 **David Haas**  
13444 Zion Road  
Elizabeth, IL 61028

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.14  
 Schedule G \_\_\_\_\_  
**Discover Financial Services**

Debtor 1 **Sheila M Haas**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.4 **David Haas**  
**13444 Zion Road**  
**Elizabeth, IL 61028**

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line **4.58**  
 Schedule G \_\_\_\_\_  
**Savanna Thomson State Bank**

Fill in this information to identify your case:

|                                         |                                      |
|-----------------------------------------|--------------------------------------|
| Debtor 1                                | <b>Sheila M Haas</b>                 |
| Debtor 2<br>(Spouse, if filing)         |                                      |
| United States Bankruptcy Court for the: | <b>NORTHERN DISTRICT OF ILLINOIS</b> |
| Case number<br>(if known)               |                                      |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|                    | Debtor 1                                                                              | Debtor 2 or non-filing spouse                                              |
|--------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Employment status  | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed | <input type="checkbox"/> Employed<br><input type="checkbox"/> Not employed |
| Occupation         | <b>office</b>                                                                         |                                                                            |
| Employer's name    | <b>Law Excavating</b>                                                                 |                                                                            |
| Employer's address | <b>100 N Jackson<br/>Mount Carroll, IL 61053</b>                                      |                                                                            |

How long employed there? **2 yrs**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|                                                                                                                                                      | For Debtor 1        | For Debtor 2 or non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <b>225.00</b> | \$ <b>N/A</b>                     |
| 3. Estimate and list monthly overtime pay.                                                                                                           | 3. +\$ <b>0.00</b>  | +\$ <b>N/A</b>                    |
| 4. Calculate gross income. Add line 2 + line 3.                                                                                                      | 4. \$ <b>225.00</b> | \$ <b>N/A</b>                     |

Debtor 1 **Sheila M Haas**

Case number (if known) \_\_\_\_\_

| Copy line 4 here .....                                                                                                                                                                                                                                                                                                                                                                               | <b>For Debtor 1</b>   | <b>For Debtor 2 or non-filing spouse</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------|
| <b>4.</b> _____                                                                                                                                                                                                                                                                                                                                                                                      | <b>\$ 225.00</b>      | <b>\$ N/A</b>                            |
| <b>5. List all payroll deductions:</b>                                                                                                                                                                                                                                                                                                                                                               |                       |                                          |
| 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                                                                                                                    | 5a. \$ <b>18.00</b>   | \$ <b>N/A</b>                            |
| 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                     | 5b. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                     | 5c. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                                                                                                                                                     | 5d. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 5e. Insurance                                                                                                                                                                                                                                                                                                                                                                                        | 5e. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 5f. Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                     | 5f. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 5g. Union dues                                                                                                                                                                                                                                                                                                                                                                                       | 5g. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 5h. Other deductions. Specify: _____                                                                                                                                                                                                                                                                                                                                                                 | 5h.+ \$ <b>0.00</b>   | + \$ <b>N/A</b>                          |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                                                                                             |                       |                                          |
| 6. _____                                                                                                                                                                                                                                                                                                                                                                                             | <b>\$ 18.00</b>       | \$ <b>N/A</b>                            |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.                                                                                                                                                                                                                                                                                                                        |                       |                                          |
| 7. _____                                                                                                                                                                                                                                                                                                                                                                                             | <b>\$ 207.00</b>      | \$ <b>N/A</b>                            |
| <b>8. List all other income regularly received:</b>                                                                                                                                                                                                                                                                                                                                                  |                       |                                          |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                                                                                                                                      | 8a. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 8b. Interest and dividends                                                                                                                                                                                                                                                                                                                                                                           | 8b. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                                                                            | 8c. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 8d. Unemployment compensation                                                                                                                                                                                                                                                                                                                                                                        | 8d. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 8e. Social Security                                                                                                                                                                                                                                                                                                                                                                                  | 8e. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____                                                                                                               | 8f. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 8g. Pension or retirement income                                                                                                                                                                                                                                                                                                                                                                     | 8g. \$ <b>0.00</b>    | \$ <b>N/A</b>                            |
| 8h. Other monthly income. Specify: <b>assistance from family food stamps</b>                                                                                                                                                                                                                                                                                                                         | 8h.+ \$ <b>600.00</b> | + \$ <b>N/A</b>                          |
|                                                                                                                                                                                                                                                                                                                                                                                                      | \$ <b>511.00</b>      | \$ <b>N/A</b>                            |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                                                                                                   |                       |                                          |
| 9. _____                                                                                                                                                                                                                                                                                                                                                                                             | <b>\$ 1,111.00</b>    | \$ <b>N/A</b>                            |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                                              |                       |                                          |
| 10. _____                                                                                                                                                                                                                                                                                                                                                                                            | <b>\$ 1,318.00</b>    | + \$ <b>N/A</b> = \$ <b>1,318.00</b>     |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ |                       |                                          |
| 11. _____                                                                                                                                                                                                                                                                                                                                                                                            | +\$ <b>0.00</b>       | \$ <b>0.00</b>                           |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies                                                                                                                          |                       |                                          |
| 12. _____                                                                                                                                                                                                                                                                                                                                                                                            | \$ <b>1,318.00</b>    | \$ <b>1,318.00</b>                       |
| Combined monthly income                                                                                                                                                                                                                                                                                                                                                                              |                       |                                          |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>                                                                                                                                                                                                                                                                                                           |                       |                                          |
| <input checked="" type="checkbox"/> No.                                                                                                                                                                                                                                                                                                                                                              |                       |                                          |
| <input type="checkbox"/> Yes. Explain: <b>Possible additional hours of employment.</b>                                                                                                                                                                                                                                                                                                               |                       |                                          |

Fill in this information to identify your case:

|                                         |                                      |
|-----------------------------------------|--------------------------------------|
| Debtor 1                                | <b>Sheila M Haas</b>                 |
| Debtor 2<br>(Spouse, if filing)         |                                      |
| United States Bankruptcy Court for the: | <b>NORTHERN DISTRICT OF ILLINOIS</b> |
| Case number<br>(If known)               |                                      |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
     No  
     Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Do not state the  
dependents names.

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

**minor child**

**4**

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

**minor child**

**5**

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

- No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

#### Your expenses

##### If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**  
4b. \$ **0.00**  
4c. \$ **0.00**  
4d. \$ **0.00**  
5. \$ **0.00**

|                                                                                                                                                                                                                                                                                                                      |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Debtor 1 <b>Sheila M Haas</b>                                                                                                                                                                                                                                                                                        | Case number (if known) _____ |
| <b>6. Utilities:</b>                                                                                                                                                                                                                                                                                                 |                              |
| 6a. Electricity, heat, natural gas                                                                                                                                                                                                                                                                                   | 6a. \$ <b>230.00</b>         |
| 6b. Water, sewer, garbage collection                                                                                                                                                                                                                                                                                 | 6b. \$ <b>0.00</b>           |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                                                                                                                                                                                   | 6c. \$ <b>0.00</b>           |
| 6d. Other. Specify: _____                                                                                                                                                                                                                                                                                            | 6d. \$ <b>0.00</b>           |
| <b>7. Food and housekeeping supplies</b>                                                                                                                                                                                                                                                                             |                              |
| 7. \$ <b>600.00</b>                                                                                                                                                                                                                                                                                                  |                              |
| <b>8. Childcare and children's education costs</b>                                                                                                                                                                                                                                                                   |                              |
| 8. \$ <b>0.00</b>                                                                                                                                                                                                                                                                                                    |                              |
| <b>9. Clothing, laundry, and dry cleaning</b>                                                                                                                                                                                                                                                                        |                              |
| 9. \$ <b>20.00</b>                                                                                                                                                                                                                                                                                                   |                              |
| <b>10. Personal care products and services</b>                                                                                                                                                                                                                                                                       |                              |
| 10. \$ <b>100.00</b>                                                                                                                                                                                                                                                                                                 |                              |
| <b>11. Medical and dental expenses</b>                                                                                                                                                                                                                                                                               |                              |
| 11. \$ <b>350.00</b>                                                                                                                                                                                                                                                                                                 |                              |
| <b>12. Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.                                                                                                                                                                                                              |                              |
| 12. \$ <b>0.00</b>                                                                                                                                                                                                                                                                                                   |                              |
| <b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>                                                                                                                                                                                                                                        |                              |
| 13. \$ <b>0.00</b>                                                                                                                                                                                                                                                                                                   |                              |
| <b>14. Charitable contributions and religious donations</b>                                                                                                                                                                                                                                                          |                              |
| 14. \$ <b>0.00</b>                                                                                                                                                                                                                                                                                                   |                              |
| <b>15. Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                                                                                                                                                               |                              |
| 15a. Life insurance                                                                                                                                                                                                                                                                                                  | 15a. \$ <b>0.00</b>          |
| 15b. Health insurance                                                                                                                                                                                                                                                                                                | 15b. \$ <b>0.00</b>          |
| 15c. Vehicle insurance                                                                                                                                                                                                                                                                                               | 15c. \$ <b>0.00</b>          |
| 15d. Other insurance. Specify: _____                                                                                                                                                                                                                                                                                 | 15d. \$ <b>0.00</b>          |
| <b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____                                                                                                                                                                                                        |                              |
| 16. \$ <b>0.00</b>                                                                                                                                                                                                                                                                                                   |                              |
| <b>17. Installment or lease payments:</b>                                                                                                                                                                                                                                                                            |                              |
| 17a. Car payments for Vehicle 1                                                                                                                                                                                                                                                                                      | 17a. \$ <b>0.00</b>          |
| 17b. Car payments for Vehicle 2                                                                                                                                                                                                                                                                                      | 17b. \$ <b>0.00</b>          |
| 17c. Other. Specify: _____                                                                                                                                                                                                                                                                                           | 17c. \$ <b>0.00</b>          |
| 17d. Other. Specify: _____                                                                                                                                                                                                                                                                                           | 17d. \$ <b>0.00</b>          |
| <b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>                                                                                                                                             |                              |
| 18. \$ <b>0.00</b>                                                                                                                                                                                                                                                                                                   |                              |
| <b>19. Other payments you make to support others who do not live with you.</b><br>Specify: _____                                                                                                                                                                                                                     |                              |
| 19. \$ <b>0.00</b>                                                                                                                                                                                                                                                                                                   |                              |
| <b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>                                                                                                                                                                                                     |                              |
| 20a. Mortgages on other property                                                                                                                                                                                                                                                                                     | 20a. \$ <b>0.00</b>          |
| 20b. Real estate taxes                                                                                                                                                                                                                                                                                               | 20b. \$ <b>0.00</b>          |
| 20c. Property, homeowner's, or renter's insurance                                                                                                                                                                                                                                                                    | 20c. \$ <b>0.00</b>          |
| 20d. Maintenance, repair, and upkeep expenses                                                                                                                                                                                                                                                                        | 20d. \$ <b>0.00</b>          |
| 20e. Homeowner's association or condominium dues                                                                                                                                                                                                                                                                     | 20e. \$ <b>0.00</b>          |
| <b>21. Other:</b> Specify: _____                                                                                                                                                                                                                                                                                     |                              |
| 21. +\$ <b>0.00</b>                                                                                                                                                                                                                                                                                                  |                              |
| <b>22. Calculate your monthly expenses</b>                                                                                                                                                                                                                                                                           |                              |
| 22a. Add lines 4 through 21.                                                                                                                                                                                                                                                                                         | \$ <b>1,300.00</b>           |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                                                                                                                                                 | \$ <b>1,300.00</b>           |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                                                                                                                                                                                                                                                      | \$ <b>1,300.00</b>           |
| <b>23. Calculate your monthly net income.</b>                                                                                                                                                                                                                                                                        |                              |
| 23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.                                                                                                                                                                                                                                           | 23a. \$ <b>1,318.00</b>      |
| 23b. Copy your monthly expenses from line 22c above.                                                                                                                                                                                                                                                                 | 23b. -\$ <b>1,300.00</b>     |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> .                                                                                                                                                                                                      | 23c. \$ <b>18.00</b>         |
| <b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b><br>For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |                              |
| <input checked="" type="checkbox"/> No.                                                                                                                                                                                                                                                                              |                              |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                        | Explain here: _____          |

Fill in this information to identify your case:

|                                         |                               |             |           |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1                                | <b>Sheila M Haas</b>          |             |           |
|                                         | First Name                    | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                    | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |             |           |
| Case number<br>(if known)               |                               |             |           |

Check if this is an amended filing

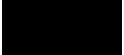
Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Sheila M Haas

**Sheila M Haas**  
Signature of Debtor 1

Date April 7, 2017

X

\_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

Fill in this information to identify your case:

|                                         |                               |             |           |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1                                | <b>Sheila M Haas</b>          |             |           |
|                                         | First Name                    | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                    | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |             |           |
| Case number<br>(if known)               |                               |             |           |

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

| From January 1 of current year until the date you filed for bankruptcy: | Debtor 1                                                                                                               |                                                    | Debtor 2                                                                                                    |                                                    |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
|                                                                         | Sources of income<br>Check all that apply.                                                                             | Gross income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.                                                                  | Gross income<br>(before deductions and exclusions) |
|                                                                         | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$900.00                                           | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |                                                    |
|                                                                         |                                                                                                                        |                                                    |                                                                                                             |                                                    |

|                                                                                | <b>Debtor 1</b><br><b>Sources of income</b><br>Check all that apply.                                                   | <b>Gross income</b><br>(before deductions and exclusions) | <b>Debtor 2</b><br><b>Sources of income</b><br>Check all that apply.                                        | <b>Gross income</b><br>(before deductions and exclusions) |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>For last calendar year:</b><br>(January 1 to December 31, 2016 )            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$1,182.00                                                | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |                                                           |
|                                                                                | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input checked="" type="checkbox"/> Operating a business | \$31,130.00                                               | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |                                                           |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, 2015 ) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$2,520.00                                                | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |                                                           |
|                                                                                | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input checked="" type="checkbox"/> Operating a business | \$33,675.00                                               | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |                                                           |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

|                                                                         | <b>Debtor 1</b><br><b>Sources of income</b><br>Describe below. | <b>Gross income from each source</b><br>(before deductions and exclusions) | <b>Debtor 2</b><br><b>Sources of income</b><br>Describe below. | <b>Gross income</b><br>(before deductions and exclusions) |
|-------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------|
| From January 1 of current year until the date you filed for bankruptcy: | Food Stamps                                                    | \$2,040.00                                                                 |                                                                |                                                           |
| For last calendar year:<br>(January 1 to December 31, 2016 )            | Food Stamps                                                    | \$6,130.00                                                                 |                                                                |                                                           |
| For the calendar year before that:<br>(January 1 to December 31, 2015 ) | Food Stamps                                                    | \$5,700.00                                                                 |                                                                |                                                           |

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

**Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

 No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ...                                                                                                                                                                                                                                 |
|-----------------------------|------------------|-------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Jo Carroll Electric         | 2017             | \$700.00          | \$500.00             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Suppliers or vendors<br><input checked="" type="checkbox"/> Other _____ |

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
| Janelle Haas               | 2017             | \$2,000.00        | \$34,700.00          | payment toward debt     |

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|                            |                  |                   |                      | Include creditor's name |

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

| Case title<br>Case number | Nature of the case    | Court or agency                  | Status of the case                                                                                                      |
|---------------------------|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Haas vs. ERJ Dining       | Workers' Compensation | Workers' Compensation Commission | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Riverside Dental vs. Haas | Collection            | Carroll County                   | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

|                           |                    |                    |                                                                                                                         |
|---------------------------|--------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------|
| Case title<br>Case number | Nature of the case | Court or agency    | Status of the case                                                                                                      |
| People vs. Haas           | Traffic            | Carroll County     | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |
| In Re: Adoption           | Adoption           | Jo Daviess Countyq | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

|                           |                       |      |                       |
|---------------------------|-----------------------|------|-----------------------|
| Creditor Name and Address | Describe the Property | Date | Value of the property |
|                           | Explain what happened |      |                       |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

|                           |                                       |                       |        |
|---------------------------|---------------------------------------|-----------------------|--------|
| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

|                                                        |                    |                          |       |
|--------------------------------------------------------|--------------------|--------------------------|-------|
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| Person to Whom You Gave the Gift and Address:          |                    |                          |       |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

|                                                                                                                                        |                               |                       |       |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-------|
| Gifts or contributions to charities that total more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-------|

Debtor 1 Sheila M Haas

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

| Describe the property you lost and how the loss occurred                                                        | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------|------------------------|
| Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. |                                              |                   |                        |

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

| Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|-------------------|
| Bankruptcy Clinic<br>1 Court Place<br>Rockford, IL 61101                                              | Attorney Fees                                     | 2017                              | \$700.00          |

|                            |                   |      |         |
|----------------------------|-------------------|------|---------|
| Summit Financial Education | Credit Counseling | 2017 | \$15.00 |
|----------------------------|-------------------|------|---------|

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

| Person Who Was Paid<br>Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---------------------------------------------------|-----------------------------------|-------------------|
|--------------------------------|---------------------------------------------------|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

| Person Who Received Transfer<br>Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|-----------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|------------------------|
| Person's relationship to you            |                                               |                                                                      |                        |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---------------------------------------------------|------------------------|
|---------------|---------------------------------------------------|------------------------|

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument                                                                                                                                                                           | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| Savanna Thompson State Bank                                                          | XXXX-                           | <input checked="" type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money Market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other _____ | 2016                                                 | \$0.00                                  |
| Savanna Thompson State Bank                                                          | XXXX-                           | <input checked="" type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money Market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other _____ | 2016                                                 | \$20.00                                 |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

| Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code) | Who else had access to it?<br>Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|-----------------------|
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

| Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it?<br>Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------|-----------------------|
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------|-----------------------|

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

| Owner's Name<br>Address (Number, Street, City, State and ZIP Code) | Where is the property?<br>(Number, Street, City, State and ZIP Code) | Describe the property                                | Value  |
|--------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------|--------|
| n/a                                                                |                                                                      | Debtor has use of rental house belonging to parents, | \$0.00 |
| Roger & Janelle Haas                                               |                                                                      | Financial Power of Attorney                          | \$0.00 |
| Logistics Express                                                  |                                                                      | Signatory upon former employer's checking account.   | \$0.00 |

Debtor 1 Sheila M Haas

| Owner's Name<br>Address (Number, Street, City, State and ZIP Code) | Where is the property?<br>(Number, Street, City, State and ZIP Code) | Describe the property                       | Value  |
|--------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|--------|
| Law Excavating                                                     |                                                                      | Signatory upon employer's checking account. | \$0.00 |

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

| Case Title<br>Case Number | Court or agency<br>Name<br>Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|-------------------------------------------------------------------------------|--------------------|--------------------|
|---------------------------|-------------------------------------------------------------------------------|--------------------|--------------------|

- Pending  
 On appeal  
 Concluded

**Debtor aware of agreement between her parents and Illinois Department of Agriculture relating to agricultural use of land.**

Debtor 1 Sheila M Haas

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.

- Yes. Check all that apply above and fill in the details below for each business.

Business Name  
Address  
(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Employer Identification number  
Do not include Social Security number or ITIN.

Aunt Sheila's Daycare

Name of accountant or bookkeeper

Dates business existed

Daycare

EIN: 2014-2016

From-To

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Sheila M Haas

Sheila M Haas  
Signature of Debtor 1

Signature of Debtor 2

Date April 7, 2017

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

|                                         |                               |             |           |
|-----------------------------------------|-------------------------------|-------------|-----------|
| Debtor 1                                | <b>Sheila M Haas</b>          |             |           |
|                                         | First Name                    | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | First Name                    | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |             |           |
| Case number<br>(if known)               |                               |             |           |

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral      | What do you intend to do with the property that secures a debt?                                                                                                                                                                                                                  | Did you claim the property as exempt on Schedule C?             |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Creditor's name:<br><br>Description of property securing debt: | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes |
| Creditor's name:<br><br>Description of property securing debt: | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes |
| Creditor's name:<br><br>Description of property securing debt: | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes |
| Creditor's name:                                               | <input type="checkbox"/> Surrender the property.                                                                                                                                                                                                                                 | <input type="checkbox"/> No                                     |

Debtor 1 **Sheila M Haas**

Case number (*if known*) \_\_\_\_\_

name:

- Retain the property and redeem it.  
 Retain the property and enter into a  
Reaffirmation Agreement.  
 Retain the property and [explain]:

Yes

Description of  
property  
securing debt:

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

No

Description of leased  
Property:

Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X **/s/ Sheila M Haas**

**Sheila M Haas**

Signature of Debtor 1

X

Signature of Debtor 2

Date

April 7, 2017

Date

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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|         |       |            |                    |           |
|---------|-------|------------|--------------------|-----------|
| \$1,167 |       | filing fee |                    |           |
| +       | \$550 |            | administrative fee |           |
|         |       | \$1,717    |                    | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

|       |                             |
|-------|-----------------------------|
| \$200 | filing fee                  |
| +     | \$75     administrative fee |
|       | \$275    total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

|       |                             |
|-------|-----------------------------|
| \$235 | filing fee                  |
| +     | \$75     administrative fee |
|       | \$310    total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Sheila M Haas

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|                                                             |    |               |
|-------------------------------------------------------------|----|---------------|
| For legal services, I have agreed to accept .....           | \$ | <b>700.00</b> |
| Prior to the filing of this statement I have received ..... | \$ | <b>700.00</b> |
| Balance Due .....                                           | \$ | <b>0.00</b>   |

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor       Other (specify):

4. The source of compensation to be paid to me is:

Debtor       Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Applicable to Chapter 7: \$75.00 for each post-petition amendment to Schedules; \$75.00 for preparation and filing of motion for court approval of reaffirmation agreement, and attendance at hearing if required by the court; \$250.00 per hour plus costs (when applicable) for all other representation.**

**Representation does not include defense of discharge or dischargeability proceedings, redemption proceedings, dismissal proceedings, reinstatement proceedings, judicial lien avoidances, post-petition amendments, relief from stay actions or other adversary proceedings or attendance at continued meeting of creditors, preparation of motion to approve reaffirmation agreement.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 7, 2017

Date

/s/ Gary C. Flanders

**Gary C. Flanders 6180219**

*Signature of Attorney*

**Bankruptcy Clinic**

**1 Court Place**

**Rockford, IL 61101**

**815-962-7084 Fax: 815-987-3759**

*Name of law firm*

GARY C. FLANDERS  
Attorney at Law

One Court Place, Suite 201  
Rockford, Illinois 61101  
Telephone: 815/962-7084

**CONTRACT FOR CHAPTER 7 BANKRUPTCY SERVICES**

This agreement is executed this 17th day of March, 2017.

**Type of Bankruptcy**

Client retains attorney Gary C. Flanders to file a Chapter 7 bankruptcy. If the client determines at a later date that client desires to file a Chapter 13 bankruptcy, the parties shall execute a new fee contract setting forth the terms of such representation.

**2. Services Provided by Attorney:**

Contingent upon being paid for the services as specified below, the attorney shall provide the following legal services for the client: Preparation and filing of Chapter 7 Petition in Bankruptcy.

**3. Fees**

The base fee for the filing of the bankruptcy is \$ 700 and filing fee \$335.00 for a total of \$ 1035 to be paid prior to filing and within six months of the date of this agreement. The amount of the filing fee may increase.

Additional costs required on a case-by-case basis include:

- a). Mandatory prepetition credit counseling and post-petition financial education (all cases).
- b). Tax transcripts
- c). Credit report (recommended).

If the fees are not paid as stated above and as a result the amount of legal service to be provided by the attorney and/or his staff is increased, the fee shall be increased accordingly to compensate the attorney for the additional time and expense in providing the legal services.

**4. Terms of Payment**

- a). The fees shall be paid in full prior to the filing of the bankruptcy.
- b). Client has paid \$ 700 as a retainer fee. This amount has been earned upon receipt by the attorney and is not refundable.
- c). No earned portion of any fee received is refundable.

**5. Services Not Provided Under the Base Fee**

Representation does not include defense of discharge or dischargeability proceedings, redemption proceedings, dismissal proceedings, reinstatement proceedings, judicial lien avoidances, post-petition amendments, relief from stay actions or other adversary proceedings or attendance at continued meeting of creditors, preparation of motion to approve reaffirmation agreement (when in sole discretion of attorney a reaffirmation motion is required).

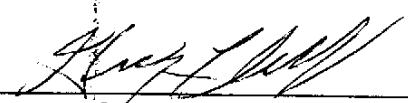
**6. Compensation For Services Not Covered Under Base Fee**

- a). It is understood that if attorney and client agree that attorney is to provide services described in paragraph 5 a separate retainer agreement detailing such services and associated costs will be signed by attorney and client.
- b). \$75.00 for preparation and filing of each amendment to the bankruptcy Schedules or Statement of Financial Affairs.
- c). \$75.00 for preparation and filing of motion for court approval of reaffirmation agreement, and attendance at hearing if required by the court.
- d). \$500.00 for motion to reopen Chapter 7 case if client fails to satisfy post-petition financial education requirements.
- e). The client understands that if the client does not pay the fees as set forth above, the Attorney has no obligation to provide the services, and has the right to file a motion to withdraw as the attorney for the client.

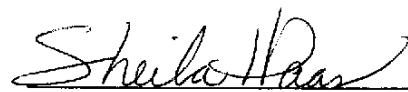
**7. Client's Obligations**

The client's obligations are as follows:

- a). To pay the fees as set forth above.
  - b). To provide accurately, honestly and in a timely manner, all the information including all documents necessary to prepare and file the Chapter 7 bankruptcy.
  - c). To satisfy prepetition credit counseling and postpetition financial education requirements.
  - d). To keep the attorney advised at all times of the client's address and telephone numbers.
  - e). To attend the 341 Creditors Meeting and other hearings set in the case as advised by attorney.
  - f). To provide any information requested of the client by the Chapter 7 Trustee, the U.S. Trustee, or any other party in interest, unless the Court rules that the client is not required to provide the information.
  - g). To respond immediately to any requests of the client by the attorney or the attorney's staff.
8. Attorney is authorized to disburse from his Client Trust Account, when applicable, funds for payment of filing fees, costs, attorney fees and refunds.



Gary C. Flanders



Client

Client



Client acknowledges receipt of a copy of this agreement.

We are a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Sheila M Haas**

Debtor(s)

Case No.

Chapter **7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: \_\_\_\_\_ **69**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **April 7, 2017**

**/s/ Sheila M Haas**

**Sheila M Haas**

Signature of Debtor

Advanced Radiology  
615 Valley Drive Suite 202  
Moline, IL 61265-6180

Alicia Haas  
unknown

ATI & ATI Womens Health Services  
2940 Rolling Ridge Road #100  
Naperville, IL 60564

Center for Pain Management  
1012 W. 95th Street  
Naperville, IL 60564

Center fro Sleep Medicine and Advanced H  
9721 W. 165th Street  
Orland Park, IL 60467

CGH Hospital  
c/o RRCA  
201 E. 3rd Street  
Sterling, IL 61081

Check Into Cash  
201 Keith Street  
Cleveland, TN 37311

Citizens Finance  
7911 W. 171st Street  
Tinley Park, IL 60477

Citizens Finance  
c/o Roguemore  
P.O. Box 743608  
Dallas, TX 75374

City of Naperville  
400 S. Eagle Street  
Naperville, IL 60564

City of Savanna  
333 Chicago Ave.  
Savanna, IL 61074

Computer Dynamics  
451 W. South Street  
Freeport, IL 61032

David Haas  
13444 Zion Road  
Elizabeth, IL 61028

David Haas  
13444 Zion Road  
Elizabeth, IL 61028

David Haas  
13444 Zion Road  
Elizabeth, IL 61028

Direct TV  
Customer Service  
P.O. Box 6550  
Greenwood Village, CO 80195

Discover Card  
P.O. Box 30943  
Salt Lake City, UT 84130-0943

Discover Financial Services  
P.O. Box 3025  
New Albany, OH 43054-3025

Dr, Gould DDS  
430 W. Stephenson Street  
Freeport, IL 61032

Dr. Claire Sutton  
Platinum Family Medicine  
1012 95th Street Suite 9  
Naperville, IL 60565

Dr. Mendel Orthopaedic Spec.  
3385 Dexter Court Suite 300  
Davenport, IA 52807-3471

Dupage Valley Anesthesiologist  
185 Penny Ave.  
Dundee, IL 60118

Edward Hospital & Clinic  
501 S. Wahsington Street  
Naperville, IL 60540

Edward Hospital & Clinic  
c/o Merchants Credit Guide  
223 W. Jackson Blvd. Ste 700  
Chicago, IL 60606

Edwards Hospital & Clinic  
c/o RCS  
P.O. Box 7229  
Westchester, IL 60154

Farmer/Bristol West  
P.O. Box 371329  
Pittsburgh, PA 15250-7329

FHN  
P.O. Box 268  
Freeport, IL 61032

FHN  
c/o Alltran Health, Inc.  
P.O. Box 519  
Sauk Rapids, MN 56379-0519

FHN  
1045 W. Stephenson Street  
Freeport, IL 61032

FHN  
c/o JC Christensen & Assoc.  
P.O. Box 519  
Sauk Rapids, MN 56379

Greg Tuite & Assoc.  
119 N. Church Street #407  
Rockford, IL 61101

Hinsdale Orthopaedic  
P.O. Box 914  
La Grange, IL 60525-0914

Illinois Tollway  
P.O. Box 5544  
Chicago, IL 60680-5544

Illinois Tollway  
c/o Arnold Scott HaRRIS  
111 W. Jackson Blvd. Suite 600  
Madison, WI

Illinois Tollway  
c/o Transworld Systems  
P.O. Box 17213  
Wilmington, DE 19850

Illinois Tolway  
2700 Ogden Ave.  
Downers Grove, IL 60515

Illinois Tolway  
c/o NCO  
P.O. Box 15618  
Wilmington, DE 19850

Jo Carroll Electric  
P.O. Box 390  
Elizabeth, IL 61028

JP Morgan Chase Bank  
c/o MRS  
1930 Olney Ave.  
Cherry Hill, NJ 08003

Kohls  
c/o Credit Collection SErvices  
P.O. Box 55126  
Boston, MA 02205-5126

KSB Hospital  
403 E. 1st Street  
Dixon, IL 61021

KSB Hospital  
P.O. Box 590  
Dixon, IL 61021-0590

Loeschers  
1860 WS. Walnut Road  
Freeport, IL 61032

Mark McKee & Associates Psychiatry  
1020 E. Ogden Ave. #312  
Naperville, IL 60563

Mark Patterson Chiropractic  
2879 95th Street Suite 187  
Naperville, IL 60564

Mercy Medical Center  
1410 N. 4th Street  
Clinton, IA 52732

Mercy Medical Center  
P.O. 677915  
Dallas, TX 75267

Metro MRI Center  
615 Valley View Drive #102  
Moline, IL 61265

Midwest Center for Advanced Imaging  
4355 Montgomery Road  
Naperville, IL 60564

Midwest Center for Advanced Imaging  
c/o Berks Credit & Collection  
P.O. Box 329  
Temple, PA 19560

Monroe Clinmic  
2009 5th Street  
Monroe, WI 53566

Naperville Radiologists  
801 S. Washington Street  
Naperville, IL 60540

OptometricCenter PC  
413 Main Street  
Savanna, IL 61074

Pain and Spine Institute  
744 Essington Road  
Joliet, IL 60435

Peter Corti Law Group  
180 N. LaSalle Street Suite 2910  
Chicago, IL 60601

Progressive  
P.O. Box 5300  
Binghamton, NY 13902-9953

Riverside Dental/Bares  
401 Maim Street  
Savanna, IL 61074

Riverside Dental/Bares  
c/o Dergo Law PLLC  
2200 52nd Ave  
Moline, IL 61265

Rock Valley PT  
931 13th Ave. N Ste B  
Clinton, IA 52732-5070

Rock Valley PT  
850 43rd Ave. Suite 100  
Moline, IL 61265

Roger & Janelle Haas  
13470 Zion Road  
Elizabeth, IL 61028

Savanna Thomson State Bank  
703 S. East Street  
P.O. Box 153  
Mount Carroll, IL 61053

State Farm  
P.O. Box 44110  
Jacksonville, FL 32231-4110

T Mobile  
c/o MCM  
8875 Aero Drive Suite 200  
San Diego, CA 92123

The Center for Surgery  
475 E. Diehl Road  
Naperville, IL 60563-3278

US Cellular  
Dept. 0205  
Palatine, IL 60055

US Cellular  
c/o Diversified Adj. Service  
P.O. Box 32145  
Minneapolis, MN 55432

Whiteside County Health  
1300 W. 2nds Street  
Rock Falls, IL 61071-1005

Whiteside County Health Department  
18929 Lincoln Road  
Morrison, IL 61270-9500